Companion Document For

ANSI ASC X12N 270 4010A1 (Eligibility, Coverage or Benefit Inquiry) Submission To

Alabama Medicaid

The Health Insurance Portability and Accountability Act (HIPAA) requires that Alabama Medicaid, and all other health insurance payers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI ASC X12N 270/271 implementation guides have been established as the standards of compliance for Eligibility, Coverage or Benefit Inquiry transactions. The implementation guides for each transaction are available electronically at www.wpc-edi.com.

The following information is intended to serve only as a companion document to the HIPAA ANSI ASC X12N 270/271 implementation guide. The table contains specific requirements to be used for processing data in the Alabama Medicaid Management Information System (AMMIS).

The use of this document is solely for the purpose of clarification. This document supplements, but does not contradict, any requirements in the ANSI ASC X12N 270/271 implementation guide.

Note: *The information in this document is subject to change. Please refer to the version number and effective date located in the footer of this document for the latest information available. Changes within the document will be in red type. A copy of the most current version of this companion document can be obtained from the internet at http://www.medicaid.state.al.us/HIPAA/index.htm.*

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ITEM #	LOOP	SEGMENT NAME	LANGUAGE
1.	-----	-------	Alabama Medicaid will convert all lower case characters submitted on an inbound 270 file to upper case when sending data to the AMMIS. Consequently, Eligibility, Coverage or Benefit Information data will be submitted in upper case.
2.	-----	-------	You must submit incoming 270 data using the basic character set as defined in Appendix A of the 270/271 Implementation Guide. In addition to the basic character set, you may choose to submit lower case characters and the '@' symbol from the extended character set. Any other characters submitted from the extended character set may cause unpredictable results, such as problems with the creation of the outbound 271 transaction.
3.	-----	-------	The incoming 270 transactions utilize delimiters from the following list: > (greater than), * (asterisk), ~ (tilde), : (colon), | (pipe), ! (exclamation point), and ^ (carat). Submitting delimiters not supported within this list may cause unpredictable results. Preferred delimiters are: ~ (tilde) for segment separators, * (asterisk) for data element separators, and : (colon) or > (greater than) for component data element separators. The usage of these characters within text data elements in the incoming 270 transaction may cause problems with creation of subsequent transactions, such as the outbound 271.
4.	-----	-------	Only loops, segments, and data elements valid for the HIPAA 270/271 Implementation Guide will be translated. Submitting data that is not valid based on the Implementation Guide will cause files to be rejected.
5.	-----	-------	All dates that are submitted on an incoming 270 transaction must be valid calendar dates in the appropriate format based on the respective qualifier and corresponding date format defined in the implementation guide. Failure to submit a valid calendar date will result in rejection of the claim or the applicable interchange (transmission).
6.	-----	-------	Alabama Medicaid will process only one transaction type (records group) per interchange (transmission); a submitter must submit only one GS-GE (Functional Group) within an ISA-IEA (Interchange).

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7.	-----	-------	Alabama Medicaid will process only one transaction per functional group; a submitter must submit only one ST-SE (Transaction Set) within a GS-GE (Functional Group).
8.	-----	-------	Alabama Medicaid will accept inquiries for only one subscriber (recipient) per transaction. Request submitted for multiple subscribers (recipients) within one ST-SE (Transaction Set) will cause the transaction to be rejected when processed in the Alabama Medicaid system.
9.	-----	-------	We suggest retrieval of the ANSI 997 functional acknowledgment files on the first business day after the 270 file is submitted, but no later than five days after the file submission. A 997 (Functional Acknowledgment) will be returned to the sender once a transaction set is received and processed.
10.	-----	-------	File compression is supported for transmissions between the submitter and Alabama Medicaid. Any compression software that is compatible with PKZIP by PKWARE, Inc. is supported.
11.	-----	-------	Providers will be required to submit a minimum amount of identification in order to verify eligibility on clients. The valid combinations are: • Medicaid ID, • Name (Last Name, First Name, Middle Initial) and Date of Birth (DOB), or • SSN and DOB. Middle Initial may be entered, however Middle Initial is not required to verify eligibility and no searches will be performed based on the Middle Initial entered.
12.	-----	Interchange Control Header	Use 'ZZ' as the Interchange ID Qualifier associated with the Interchange Sender ID.

Companion Guide for ANSI ASC X12N 270   3   NPI Version 2.0–Effective August 21, 2008

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13.	-----	Interchange Control Header	• Use the Provider Submitter ID assigned by Alabama Medicaid followed by the appropriate number of spaces to meet the minimum/maximum data element requirement of 15 bytes as the Interchange Sender ID in ISA06. • For web submissions, the submitter id in the file must match with the user id that submits the file, otherwise the file will not be processed. There should be only one ISA/IEA envelope per batch file submission. • For multiple transactions (ISA/IEA envelopes), a 997 will be returned for each ISA/IEA envelope within the batch. If only one 997 is desired, then the files in the batch should contain one set of ISA/IEA, GS/GE and ST/SE envelope segments per file.
14.	-----	Interchange Control Header	Use 'ZZ' as the Interchange ID Qualifier associated with the Interchange Receiver ID.
15.	-----	Interchange Control Header	Use '752548221' followed by 6 spaces (to meet the minimum/maximum data element requirement of 15 bytes) as the Interchange Receiver ID in ISA08.
16.	-----	Functional Group Header	Use the Provider Submitter's ID assigned by Alabama Medicaid as the Application Sender's Code in GS02.
17.	-----	Functional Group Header	Use '752548221' as the Application Receiver's Code in GS03.
18.	-----	Functional Group Header	GS08 should be populated with '004010X092A1' and all changes per the addenda be incorporated in the 270 transaction.
19.	-----	Transaction Set Header	Use '13' as the Transaction Set Purpose code in BHT02.
20.	2000C	Subscriber Hierarchical Level	The hierarchical level (HL segment) must be incremented by 1 beginning with 1.
21.	2100B	Information Receiver Level	• The National Provider Id must be submitted. • NM108 is equal to the value of 'XX' and NM109 is equal to the Provider's National Provider Id.
22.	2100B	Information Receiver Address (N3 & N4)	For a provider with multiple locations, submit the Zip + 4.

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23.	2100B	Information Receiver Provider Information	For a provider with multiple locations, submit taxonomy information. PRV02 should equal 'ZZ' and PRV03 should equal the provider's taxonomy code.
24.	2100C	Subscriber Name	If used, the Recipient ID will be entered into the Identification Code element (NM109). The Identification Code Qualifier element (NM108) will be 'MI' (Member Identification Number).
25.	2100C	Subscriber Additional Identification	If used, SSN should be entered into the Reference Identification element (REF02). The Reference Identification Qualifier element (REF01) will be equal to 'SY' (Social Security Number).
26.	2100C	Subscriber Demographic Information	If used, DOB will be entered in the Date Time Period element (DMG02). The Date Time Period Format Qualifier element (DMG01) will equal 'D8' (Date Expressed in Format CCYYMMDD).
27.	2110C	Subscriber Eligibility or Benefit Inquiry Information	When the subscriber is the patient whose eligibility is being requested, the EQ segment must be present, Alabama Medicaid will process a Service Type Code (EQ01) equal to '30', a Coverage Level Code (EQ03) equal to 'IND', and an Insurance Type Code (EQ04) equal to 'MC'.

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28.	2110C	Subscriber Eligibility/Benefit Date	If the Date Time Period Format Qualifier (DTP02) is equal to 'D8', the Date Time Period (DTP03) must be in the format *CCYYMMDD*. If the Date Time Period Format Qualifier (DTP02) is equal to 'RD8', a date range in the format *CCYYMMDD-CCYYMMDD* must be input into the Date Time Period (DTP03). *To receive current and previous years data a user must enter request dates that occur in the current year and previous year to get both current and previous years data on a 271 response Examples: 270 Request dates: 01/01/2008 - 01/31/2008 - 271 response will only return the information for year 2008. 270 Request dates: 12/01/2007 - 12/27/2007 - 271 response will only return the information for year 2007. 270 Request dates: 12/27/2007 - 01/01/2008 - 271 response will return both 2007 and 2008 benefit information.
29.	2000D	Dependent Level	Dependent Level information will not be used by Alabama Medicaid when processing Eligibility, Coverage or Benefit Inquiries.